



CDBG

community development block grant program



November 16, 2023

Dear Applicant,

The Town's Community Development block Grant (CDBG) is now accepting applications for program year 50, which begins on July 1, 2024. (Access to funding for approved projects can be anticipated in September 2024.)

About CDBG: CDBG is a program of the Department of Housing and Urban Development (HUD) and was created as part of Title I of the HCD Act of 1974, as amended. The primary objective of Title I is the development of viable urban communities, which is achieved by providing decent housing, a suitable living environment, and expanded economic opportunities, principally for persons with a low- to moderate-income.

Eligible Projects: This federal funding provides opportunities to improve the lives of Arlington residents, especially those that make a low- to moderate- income (at or below 80% of the area median income). The goals of the program are to provide decent, safe, and sanitary housing, a suitable living environment, and to expand economic opportunities. The Town is pursuing projects that help achieve goals outlined in the 5-year consolidated plan, as shared below.

- Improve the Condition of Existing Affordable Housing
- Increase Economic Development Opportunities
- Enhance Parks, Public Facilities, and Infrastructure
- Increase Access to Jobs, Education, Transportation, and Other Services

Organizations pursuing *new* or *substantially expanded services* are encouraged to submit an application. Please note that CDBG funds cannot be used to replace an existing funding source.

Funding Period: Program Year 50 CDBG funds must be used between July 1, 2024 (or the date an agreement with the Town is fully executed, whichever is later) and June 30, 2025. CDBG funding is made available through HUD and is subject to the Town's receipt of funding. Access to funding for approved projects can be anticipated in September 2024.

Applications: Applications will be accepted for Program Year 50 (July 1, 2024 – June 30, 2025) through January 12, 2024 at noon. **The guidelines on the proceeding pages correspond directly with the CDBG Program Year 50 Funding Application and should be used as a reference while completing each section of the application.** Please note that applications that are either incomplete or do not provide the information outlined in the application guide will be returned to the applicant for resubmission.

Thank you for your role in making Arlington a better place for all to live, learn, work, and play. If you have any questions, please contact me. I would also be happy to schedule a time to speak with you.

Sincerely,

Mary Muszynski
Community Development Block Grant Administrator
Department of Planning and Community Development
Town of Arlington
Phone: 781-316-3094
Email: mmuszynski@town.arlington.ma.us

CDBG APPLICATION GUIDE

PROGRAM YEAR 50 (JULY 1, 2024 – JUNE 30, 2025)

Year 50 CDBG Timeline	
November 16, 2023	Application released and available online at https://www.arlingtonma.gov/departments/planning-community-development/community-development-block-grants-cdbg
November and December 2024	CDBG Office Hours (by appointment) Please contact Mary Muszynski mmuszynski@town.arlington.ma.us to schedule
January 12, 2024 12:00pm	Applications Due
January 2024	Select Board meeting and public hearing on CDBG application submissions. Returning applicants are invited to update the board on Program Year 49 activities and all applicants are invited to provide an overview of Program Year 50 application.
February 2024	CDBG Subcommittee will meet to discuss CDBG applications and make recommendations.
March 2024	Funding recommendations presented to Select Board for approval and vote to recommend Town Meeting endorsement.
April 2024	Funding recommendation to be voted on at Town Meeting.
Spring 2024	Applicants notified of funding decisions.
September 2024	Subrecipient Agreements sent to Subrecipients. Once fully signed, eligible programming and related expenditures may begin.
June 30, 2025	Program Year 50 ends

Submission Directions & Requirements	
SUBMISSION DIRECTIONS	<p>Applications may be submitted via email or by dropping your printed application off at Town Hall.</p> <p>To complete the PDF application form:</p> <ol style="list-style-type: none"> Open the “CDBG Program Year 50 Application” file Click “Save As” Rename the file, “PROGRAM YEAR 50 APPLICATION, PROJECT NAME, ORGANIZATION NAME” Save frequently! Submit the completed grant application and required attachments to: Mary Muszynski via email mmuszynski@town.arlington.ma.us or by dropping your printed application off to the Department of Planning and Community Development in the Town Hall Annex.
SUBMISSION REQUIREMENTS	<ol style="list-style-type: none"> CDBG Grant Application One (1) copy: 501(c)(3) Letter of Tax Determination Status from the IRS (<i>if applicable</i>) One (1) copy: Agency’s most recent financial audit One (1) copy; MA Certificate of Good Standing

Part I. Agency & Project Summary Information

Instructions for completing each section are included in italic font.

A. Contact & Organizational Information (If application is completed by a Collaborative, provide the lead entity contact only)			
Agency/Organization: <i>Name of Primary Organization</i>			
Contact Name: <i>Name of person who will be the lead contact on this project</i>		Title: <i>Job Title of lead contact on this project</i>	
Mailing Address: <i>Address where contact will be able to retrieve any mailed documents in a timely manner</i>			
Email Address: <i>Email address for lead contact</i>		Phone: <i>Direct phone number for lead contact</i>	
DUNS #: <i>All entities receiving federal assistance must have a DUNS #.</i> A step-by-step guide for obtaining a DUNS Number is available here.		Registered on SAM.gov? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Registration in the System for Award Management (SAM.gov) keeps track of organizations that are and are not debarred from receiving federal funding. CDBG recipients are required to be registered in this system. If your organization is not yet registered, please do so immediately. A step-by-step guide is available here.</i>	
Please Identify the Type of Organization Applying for Funds <i>If there are multiple collaborative partners on the project, select all applicable designations. Funds are available to for-profit and non-profit corporations and organizations, including 501(c)3 organizations, For-profit organizations authorized under 570.201(o), Faith-based Organizations, Units of Government, and Institutions of Higher Education.</i> <input type="checkbox"/> 501(c)3 <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Unit of Government <input type="checkbox"/> Institution of Higher Education			
Collaborative Partners: <i>Collaborations are encouraged. The intent of a collaborative is to help increase the efficiency in service delivery, improve the value of data, improve the ability to analyze the level of unmet needs, increase program capacity, and reduce the reporting burden of the grant programs. If the application is completed by a Collaborative, provide the contact information for the lead entity and identify all partnering agencies here. Please note that this should include partners involved in carrying out the project, not vendors or other funders.</i>			
B. Project Information			
Project Name: <i>Please provide a succinct project title here</i>			
Anticipated Start Date: <i>Date</i>		Anticipated End Date: <i>Date</i>	
Amount of Request: \$		Project Address: <i>If the project will take place at multiple addresses please provide the primary address here and include the complete list of locations with your project summary.</i>	
C. Eligibility			
National Objectives: <i>Eligibility refers to the project’s alignment with one of HUD’s National. Select the objective which the project best fits. If you are basing eligibility off of the “Low/Moderate Income Area Benefit” you may find the census tract(s) and block group(s) that is/are served by your project or activity by visiting this link and typing in the address. Please check <u>ONE</u> box.</i> <input type="checkbox"/> Low/Moderate Income Area Benefit (LMA): the project/activity meets the needs of persons residing in a specific area, where at least 33.67% of the residents make a low- or moderate-income. <i>(the area income percentage cannot be rounded)</i> <div>Census Tract and Block:</div> <input type="checkbox"/> Low/Moderate Limited Clientele (LMC): the activity benefits a group of persons (rather than residents in a particular area) 51% of whom themselves or their family make a low- or moderate-income. The following groups are presumed to be eligible: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census’ Current Population Reports definition of “severely disabled”, homeless persons, illiterate adults and persons living with AIDS. <input type="checkbox"/> Low/Moderate Housing (LMH): The project will provide or improve permanent residential structures which, upon completion, will be occupied by households that make a low- or moderate-income. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures. <input type="checkbox"/> Slum or Blighted Area (SBA): the project is in a designated slum/blighted area as defined under State or local law and will address conditions that qualified the area as slum or blighted. <input type="checkbox"/> Spot Blight (SBS): the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.			
Beneficiaries: Will all clients be residents of Arlington? If not, please provide a percentage of non-Arlington residents. <input type="checkbox"/> All beneficiaries are Arlington residents <input type="checkbox"/> _____% of beneficiaries are Arlington residents Does your project benefit any of the following demographics? <div><input type="checkbox"/> Abused children <input type="checkbox"/> Elderly persons (age 62 and older) <input type="checkbox"/> Battered spouses <input type="checkbox"/> Homeless persons <input type="checkbox"/> Severely disabled adults (as defined by Bureau of Census*) <input type="checkbox"/> Illiterate adults <input type="checkbox"/> Persons living with AIDS <input type="checkbox"/> Migrant farm workers <input type="checkbox"/> Other (please specify): _____</div>			
Nationally Reportable Outputs: Please indicate the number of outputs expected for one or more categories. Persons Served: _____ Households Assisted: _____ Jobs Created: _____ Businesses Assisted: _____			

D. Project Summary	
Brief Project Description: <i>Please share a brief, elevator pitch-type summary of your project. Please avoid using abbreviation or acronyms.</i>	
Returning Applicants: <i>If this project occurred last year (or in any previous year), assess its performance. What were some strength, weaknesses, challenges, and opportunities? How will your build upon and/or address these if funded this year? Topics you might consider include: resources, capacity, community need for the services you provided, external factors, and any other factors that influenced the project or the organization.</i>	
Performance Evaluation Plan: <i>The U.S. Department of Housing and Urban Development (HUD) requires recipients of federal funds to assess the productivity and impact of their programs. All proposals must demonstrate how they would perform should they receive funding. Please refer specifically to the goals and measures listed in Part III, Project Narrative Table. Explain your qualitative and/or quantitative plans for tracking and evaluating the progress and results of your project, and what steps will be taken if anticipated impact on participants (outputs and outcomes) are not achieved. The applicant should also note how frequently evaluation will be conducted.</i>	
Town of Arlington Goals: <i>Does the project support or help achieve any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.</i> <div><input type="checkbox"/> Town of Arlington Master Plan<input type="checkbox"/> Fair Housing Action Plan<input type="checkbox"/> Net Zero Plan <input type="checkbox"/> Housing Plan<input type="checkbox"/> Open Space & Recreation Plan<input type="checkbox"/> Other _____ <input type="checkbox"/> Connect Arlington Sustainable Transportation Plan</div> <p>Please list which specific goals and/or strategies the proposed project advances: <i>Example: Arlington Housing Production Plan Goal 1: Update existing housing and produce more, diverse housing for extremely-low to middle-income households to address documented local need</i></p>	
Consolidated Plan Goals and Objectives <i>Which Consolidated Plan Goal & Objective does your project align with? Please select one.</i> <div><input type="checkbox"/> Improve the Condition of Existing Housing: Provide decent, affordable housing <i>Description: Improvements to existing housing conditions including the rehabilitation and preservation of owner- and renter-occupied housing to bring units to code standard or provide safety improvements, energy efficiency improvements, access modifications, or treatment of lead or other home hazards.</i> <input type="checkbox"/> Increase Economic Development Opportunities: Create economic opportunities <i>Description: Enhance economic stability and prosperity by increasing economic opportunities for residents through job readiness and skill training, promotion of entrepreneurship (including among culturally diverse populations), and other strategies.</i> <input type="checkbox"/> Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments <i>Description: Enhance publicly-owned facilities and infrastructure that improves the community and neighborhoods throughout the Town of Arlington. Improvements may include parks, streets, sidewalks, streetscapes, water/sewer/flood drainage, accessibility to meet American with Disabilities Act (ADA), improvement of neighborhood/recreational facilities, and other infrastructure and facilities.</i> <input type="checkbox"/> Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments <i>Description: Increase access to jobs, education, health and wellness, recreation, and health and social services activities.</i></div>	
Geographic Distribution of Activities: (Town wide, or Census Tract) If the geographic distribution is in a specific area, please note the block group. You may find the census tract(s) and block group(s) that is/are served by your project or activity by visiting this link and typing in the address. <div><input type="checkbox"/> Town wide <input type="checkbox"/> Specific Area – Which block group(s)/census tract(s) is/are the project located in? _____ <i>find the census tract(s) and block group(s) by visiting this link https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx</i></div>	
New Public Services Program: Is the proposed project offering a new service or a continued service? <i>Please select one.</i> <div><input type="checkbox"/> New Service <input type="checkbox"/> Continued Service</div>	Community Availability: Is the proposed project available from any other providers in the community? <i>Please select one.</i> <div><input type="checkbox"/> No, not available from other providers in the community <input type="checkbox"/> Yes, available from other providers in the community (please explain _____)</div>
E. Attachments	
The following attachments must accompany this proposal: <div><input type="checkbox"/> 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS) <input type="checkbox"/> One (1) copy of agency’s most recent financial audit <input type="checkbox"/> One (1) copy of agency’s MA Certificate of Good Standing</div> <p>The following attachments are optional and may be provided to supplement your application:</p> <div><input type="checkbox"/> Letters of Support <input type="checkbox"/> Resumes, brochures, newspaper articles, or other organizational marketing materials</div>	

Please provide a budget for the proposed project, using Table A OR Table B, and Table C as applicable. Include all proposed expenses & funding sources in detail. Upon notification of a project's acceptance, the Town may request a detailed budget.

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
<i>Example Item 1: Program Supplies</i>	Example: \$2,000	Example: \$2,000	Example: \$4,000
<i>Example Item 2: Printing for program curriculum</i>	Example: \$500		Example: \$500
<i>Example Item 3: Stipend for Program Manager</i>		Example: \$2,000	Example: \$2,000
TOTAL PROPOSED BUDGET	Example: \$2,500	Example: \$4,000	Example: \$6,500

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Construction			
Acquisition			
Appraisals/Studies			
Design			
Other:			
Other:			
TOTAL PROPOSED BUDGET			

Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:	Example: Grant from the Sample Foundation	Example: \$4,000	Example: \$4,000
Total:			

D. Cost-Benefit Analysis: Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program: \$10,000 funding request /100 people served= \$100/person.

E. Funding Availability: If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.

This space is provided for applicants to offer a detailed overview of their proposed project in a logic model format.

Discuss the community need that will be addressed through your proposed project. Provide data to document the needs to be met or the problem(s) to be addressed by the project.

Discuss your proposed goals to meet the community need noted above and to address associated problems. Please share how these relate to the CDBG Consolidated Plan goal you selected in Part I of this application.

What resources (staff, facilities, equipment, funding, organizational knowledge and experience, partnerships, and supplies) will be dedicated or leveraged to help execute the proposed project? Please note the staff member(s) responsible for each task and/or responsibility to be carried out.

Identify the major activities to be conducted by this project (e.g. client outreach/assessment, job training, affordable child care, counseling/case-management, housing production, etc.). Please note how you will utilize the inputs mentioned above to fulfill the mission and goals of the project. Please provide a complete description of your program. Please also indicate any contingency planning for providing services in the event that public health or safety protocols disallow or limit in- person gatherings.

Outputs are the quantifiable products of program activities. (e.g. the number of clients who will be assisted, persons trained, children in the program, architectural barriers removed, etc.). Outputs may indicate that the project or program is completed but do not indicate whether the project or program will result in the intended outcomes.

What are the short-term benefits to participants during or after participating in the program (program results)? The outcome can be determined by answering: What will be the benefits for the client? What is the purpose of this project? Outcomes typically relate to a change in conditions, status, attitudes, knowledge, or behavior. Applicants should include only the project outcomes supported by the requested program funds.

What are the long-term benefits to participants during or after participating in the program (program results)? The outcome can be determined by answering: What will be the benefits for the client? What is the purpose of this project? Outcomes typically relate to a change in conditions, status, attitudes, knowledge, or behavior. Applicants should include only the project outcomes supported by the requested program funds.

GRANT EVALUATION CRITERIA

The CDBG Subcommittee will use the following criteria to evaluate proposals and make funding recommendations. In order to be considered for funding, a proposed activity must meet at least one of HUD’s National Objectives, and address at least one goal of the Town of Arlington Consolidated Plan, which can be found on the Town of Arlington’s Planning and Community Development page at this link: <https://www.arlingtonma.gov/cdbg>.

Comparative Criteria Categories	Highly Advantageous (HA) 3 points	Advantageous (A) 2 points	Not Advantageous (NA) 0 points
1. Community Need & Plan Has the applicant proposed a project that addresses a pressing or significant need in Arlington <i>and</i> demonstrated an understanding of the inputs and activities necessary to achieve stated outputs and outcomes? [See Part III]	Applicant demonstrates clear comprehension of said need in Arlington and an understanding of the inputs and activities necessary to achieve stated outputs and outcomes.	Applicant demonstrates familiarity with said need, and some understanding of the inputs and activities necessary to achieve stated outputs and outcomes.	It is unclear from the application if the applicant has comprehension of said need, the inputs and activities necessary to achieve stated outputs and outcomes, or if the proposed project meets an unmet community need.
2. Resources & Capacity Does the organization have the appropriate level of experienced staff and resources to execute the proposed project and the aptitude to meet the need? [See Part II and Part III-C]	Applicant can demonstrate appropriate staffing and resources to successfully implement the proposed project.	Applicant has demonstrated some, but not all, staffing and resources to successfully implement the proposed project.	Applicant demonstrates neither appropriate staffing nor resources to successfully implement the proposed project.
3. Cost Benefit How does the cost of the proposed project compare to its proposed output and outcome accomplishments? [See Part II-D]	Proposed project yields a low cost-benefit ratio comparable to similar programs.	Proposed project yields neither a low cost-benefit ratio, nor a high cost-benefit ratio comparable to similar programs.	Proposed project yields a high cost-benefit ratio comparable to similar programs.
4. Leveraged Funds Has the organization secured additional funding sources or in-kind support to cover the proposed project? [See Part II-C and III-C]	Applicant has demonstrated the capability of leveraging funds or in-kind support to cover 50% or more of the proposed project costs. The majority of these leveraged funds are committed.	Applicant has demonstrated the capability of leveraging funds or in-kind support to cover some of the project costs.	Applicant has identified few to no additional funds/ in-kind support to cover the proposed project OR the majority of leveraged funds/ in-kind support identified are pending.
5. Town Goals Does the project support or advance any goals established in the Town of Arlington's plans? [See Part I-D]	Proposed project advances 2 or more goals set forth in other Town strategic plans.	Proposed project advances 1 goal set forth in another Town strategic plan.	Proposed project does not advance goals set forth in another Town strategic plan.

Bonus Points. The following bonus criteria are worth up to one point each and will be added to a

1. Is the proposed project offering a new service?
☐ Yes (1 point) ☐ No (0 points)
2. Does the proposed project involve new partnerships with other organizations or agencies in the community?
☐ Yes (1 point) ☐ No (0 points)
3. Does the proposed project demonstrate the ability to be self-sustaining within 1-3 years?
☐ Yes (1 point) ☐ No (0 points)

Email your completed grant application and required attachments to: mmuszynski@town.arlington.ma.us.
Failure to provide complete application and supporting documentation may result in a rejected application.